

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-004765

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

757

STATE FILE NUMBER

FILED JAN 25 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. LouisLength of stay in lb  
9 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION DeaconessInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Montgomery

c. CITY  
OR  
TOWN Rt. 1, High HillInside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

William

Middle

H.

Last

Wissmann

4. DATE  
OF  
DEATH

Month

1/16/62

Day

Year

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/20/1896

## 9. AGE (last birthday)

65

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Own farm

## 11. BIRTHPLACE (City and state or country)

St. Louis Co., Mo. USA

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

William F. Wissmann

## 13b. MOTHER'S MAIDEN NAME

Louise Arft

## 14. NAME OF HUSBAND OR WIFE

Alma Wissmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

yes

WW I

## 17. INFORMANT

Address

Alma Wissmann, Rt 1, High Hill, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

BRAIN METASTASIS

INTERVAL BETWEEN  
ONSET AND DEATH

about 4 weeks

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

CARCINOMA OF LUNG.

Unknown.

## DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I:(a)

DIABETES MELLITUS

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from 1-6-62

to 1-15-62

and last saw him alive on 1-15-62

Death occurred at 11:10 p.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

35 N. Central, Clayton 5, Mo.

## 22c. DATE SIGNED

1-17-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

1/18/62

## 23c. NAME OF CEMETERY OR CREMATORY

Lake Charles Cem.,

## 23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Schrader Funeral Home, Ballwin, Mo.

## 25. DATE RECD. BY LOCAL REG.

JAN 17 1962

## 26. REGISTRAR'S SIGNATURE

Loat Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FEB 23 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.